

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38476

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6071 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MARION TWP.		c. CITY OR TOWN BONNE TERRE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION P. I. BONNE TERRE		e. STREET ADDRESS (If rural, give location) ROUTE 1 MARION TWP. 0440	

3. NAME OF DECEASED (First) (Middle) (Last) JOHN F. AUBUCHON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1954		
5. SEX MALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 29, 1899	9. AGE (In years last birthday) 74	10. MONTH 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FRENCH VILLAGE MO	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ADRAIN AUBUCHON	13b. MOTHER'S MAIDEN NAME PAULINE DOUGLEY	14. NAME OF HUSBAND OR WIFE REGINA AUBUCHON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME REGINA AUBUCHON ADDRESS P. I. BONNE TERRE MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour 9 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1954, to Nov 10, 1954, that I last saw the deceased alive on Oct 30, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE L. M. Stanfield (Degree or title)	23b. ADDRESS St. Francis Cem. French Village Mo.	23c. DATE SIGNED 11/16/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY ST. ANNS CEM.
24d. LOCATION (City, town, or county) (State) FRENCH VILLAGE MO.	25. FUNERAL DIRECTOR'S SIGNATURE Edmond Hall ADDRESS Bonne Terre Mo.	
DATE REC'D BY LOCAL REG Nov. 16, 1954	REGISTRAR'S SIGNATURE Catherine Rudloff	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. J. Graywell*.....

Licensed Embalmer No. *9700*

P. O. Address *San Antonio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.